

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MAKING MAINE GREAT AGAIN</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00623470       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>HadENuff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 08 / 2016</b>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2300.00</div>	
City	State	Zip Code	Transaction ID : <b>SE.4157</b>
Purpose of Expenditure TV Ads	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2016</b>	
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>HadENuff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 08 / 2016</b>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2070.00</div>	
City	State	Zip Code	Transaction ID : <b>SE.4158</b>
Purpose of Expenditure Radio Ads	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2016</b>	
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4370.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4370.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SHEEHAN, JULIE, ANNE, ,

[Electronically Filed]

Date

 MM / DD / YYYY  
**11 / 07 / 2016**

Signature